U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

# FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

2004

This report is mandatory under P L 88-257 as amended Failure to compty may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 /

	e and address					4 Name								
Name	Kenneth		M Kno	err	1	Name	Allied I	Pilots	Assocı	atio	n .			······
						Labor	Organization	File Num	ber 05	9-849				
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5 Positio	on in labor orga	anization [	Director	of Bene	fits		^ ^		~	·				
Ente	er appropriate o	iata below if	during the		ear you or your sp					d any of	the follow	ing int	erests	
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Name of Person Filing Kenneth Knoerr		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name Mercer  Trade Name if any Mercer Human Resource Consulting  PO Box, Bldg Room No if any  Street 3500 JP Morgan Chase Tower  City Dallas  State Texas ZIP Code +4 75201-2744	9 Business deals with  a Labor Organiza  b Trust  c. Employer	<b>-</b>		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such deals	ng		
Name Alled Pilots Association Welfree Benefits  Trade Name if any APA MASTER TRUST TO BOX Bldg Room No if any State Trust	Mercer provided co compliance for the plan covering staf Catastrophic Mijor Supplemental Medic (\$15 897)	self funded sel f (\$3 682 81) an Medical Plan an	f-insured medical d for the d the Voluntary	
Street 14600 Trivity Blue, Ste 500	44 h. A			
Ctu Garage	11 b Approximate dollar valu		\$19,530	
City FORT Warth	12 a Nature of interest hel			
State 7X ZIP Code + 4 76155-25/2	and prospective ci		Mercer critaits	
	12 b Amount		\$65	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name Trade Name if any		es.		
PO Box Bldg Room No if any	*			
Street				
City	e	<b>∞</b>		
State ZIP Code + 4 ZiP	**************************************			
	14 b Amount of payment			
13 b Is the Business an Employer or Consultant?				

Name of Person Filing Kenneth	Knoerr	File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deats with	
Name Watson Wyatt Investment Consulting	a Labor Organization	
PO Box Bidg Room No fany Suite 2100	b Trust	
Street 191 North Wacker Drive	c Employer	
City Chicago		
State Illinois ZIP Code + 4 60606-1615		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Allied Pilots Association Welfare Benefits M	Provide Investment monitoring servi	
Trade Name If any APA Master Trust	Policy	
		~
PO Box Bidg Room No if any Suite 500		
Street 14600 Trinity Blvd		
12 TO O O O O O O O O O O O O O O O O O O		
City Fort Worth		×
State Texas ZIP Code + 4 76155-2512	11 b Approximate dollar value of such dealing	\$31 000
	12 a Nature of interest held or income received	de te constituir e para a part de transcription de son activis de transcription de transcri
	Business lunch on January 14 2004 with meetings on January 14-15 200	
	5	
		Place na un Processo
	12 b Amount	<b>\$38</b>

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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	l
Name The Segal Company		
Trade Name if any Segal	a casor organization	
	b Trust	
PO Box Bidg Room No If any suite 500	c Employer	
Street 101 North Wacker Drive	С Епроуе	-
City Chicago		
State 111ino15 5 ZIP Code + 4 60606-1724		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	
Name Allied Polots Association Welface Beach k	Segal provides actuarial consulting the benefits plans sponsored by AP	
Trade Name if any RPA MASTER TRUST	through the APA Welfare Benefits Ma	aster Trust
	(\$190 866 48) the APA Life Insuran (\$36 883 06) and to APA in negotian	
P O Box, Bldg Room Ne if any	with AMR (\$158 400 50)	*
Street 14600 Trwity Blvd, Ste 500	* **	*
City Fort WORTH		
State ZIP Code + 4 76/55 - 25 2	_11 b Approximate dollar value of such dealing	» \$386 150
	12 a Nature of interest held or income received	
	Lunches and Dinners in connection	
	1/14-15 5/12 6/8 8/26 and 12/16 \$6 60" \$104 45 8'88 and 91 86 re	
	gift basket \$49 95	,
		ř
		1
	) har	
	12 b Amount	\$474

Name of Person Filing Kenneth	Knoerr	File Number <b>U</b>
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8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Barrow Hanley Mewhinney & Strauss Inc	a Labor Organization	
Trade Name If any	23	
PO Box Bldg Room No fany 15th Floor	b Trust	
Street 3232 McKinney Avenue	c Employer	
City Dallas		
State		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Invest Manager for assets of APA read of and fixed income assets of the APA	
Trade Name If any	Master Trust (\$44 697)	
Austria de la		
PO Box Bldg Room No If any		ļ
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	\$100 192
	12 a Nature of interest held or income received	
	Lunch in association with annual me	
	3 \$23 tickets (4 @ \$40/each) to game tickets (2 @ \$35 each) to lo	
	tournament	
		4. +. · · ·
		***************************************
	12 b Amount	\$253

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Name of Ferson Filling	Kennern	Knoerr

File Number U

## **Part B Continuation Page**

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Metropolitan Life Insurance Company	a Labor Organization	
Trade Name if any Metlife		
PO Box Bldg Room No if any	b Trust	
Street 10 South LaSalle Street	c Employer	
City Chicago		
State Illinois ZIP Code + 4 60603 3		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	Addit blerous
Name Trade Name If any	Provide primary life and AD&D insu (\$4 935) and supplemental life Ins for APA staff and APA members (\$92	urance coverage
P O Box Bldg Room No if any	ht.	
Street	*	a to confine de confin
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	\$930 861
	12 a Nature of interest held or income received	
	Lunch in connection with meetings 5/26 (\$31 25 \$9 48 and \$29 77 reprimary Client Executive (\$135)	on 1/9 3/20 and sp ) dinner with
		Part Vision of the Control of the Co
	^	
	12 b Amount	\$206

Name of Person Filing Kenneth	Knoerr	File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c. Employer
State 2217 Codd 7 7	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
_	X
	12 b Amount

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Name of Person Filing Kenneth	Knoerr	File Number U
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8 Name and address of Business (Including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer
10 if 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing
Name  Trade Name if any  P O Box, Bldg Room No if any  Street  City	* * * * * * * * * * * * * * * * * * * *
State ZIP Code + 4	11 b Approximate dollar value of such dealing
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	12 a Nature of interest held or income received
	X X
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Name of Person Filing Kenneth	Knoerr	File Number U	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4	9 Business deals with  a Labor Organization  b Trust  c. Employer
Learn that with the contract of the contract o	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State  ZIP Code + 4	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received
	12 b Amount

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